AR1113 2000

STATE OF ARKANSAS PHENYLKETONURIA DISORDER CREDIT

Individual Income Tax Return

Taxpayer's Name:		Taxpayer's Social Secu	Taxpayer's Social Security Number:	
Child's Name: Child's Social Securit		Number:		
children with Phenylketonur low protein modified food pro	ria (PKU), for expenses incurred to oducts. Any unused credit amount	owed to individuals or to families with a for the purchase of medically necessary t may be carried forward for an additional edit. Complete one form for each individual	medical foods and two (2) years. This	
Enter the total cost incurred in 2000 for medically necessary foods and low protein modified food products:			00	
2. Unused credit from 1999:			00	
3. Total credit available			00	
2. Maximum Credit Allowed:			\$2,400 00	
3. Available Credit: (Enter the lessor of Lines 1 or 2).			00	
4. Enter Net Tax Due after taking all credits except Business Incentive Credits and this credit:			00	
5. Credit Allowed: (Enter the lessor of Lines 3 or 4 here and on Line 50, AR1000/AR1000NR)			00	
6. Credit carryforward: (Subtract Line 5 from Line 3 and enter here. If less than zero enter 0)			00	
Under penalties of perjury the information entered is		nas been diagnosed with phenylketon	uria disorder and	
Taxpayer	 Date	Spouse (if applicable)	Date	